



**MISSOURI COMMUNITY ASSESSMENT AND PLANNING PROCESS (MOCAPP)
INDIVIDUAL GOAL WORKSHEET – FORM L**

GENERAL CATEGORY TITLE		SUBCATEGORY TITLE	
GOAL		PRIORITY NUMBER	
PERSON/ORGANIZATION RESPONSIBLE FOR GOAL IMPLEMENTATION			
NAME		ADDRESS	
TELEPHONE	FAX		EMAIL ADDRESS
STRATEGY(IES)			
<hr/> <hr/>			
TIMELINE			
ESTIMATED START DATE	ESTIMATED FINISH DATE		ESTIMATED DATE OF IMPLEMENTATION
BUDGET IMPLICATIONS			
ESTIMATED COST OF PROJECT			
POSSIBLE SOURCES OF FUNDING			
EVALUATION			
WHAT ARE THE POSSIBLE INTERVALS FOR EVALUATION?			
<hr/> <hr/> <hr/>			
BENCHMARKS			